



TOWN OF SOUTHBURY
OFFICE OF THE FIRE MARSHAL
501 Main Street South
Southbury, Connecticut 06488-2295
(203) 262-0620
Fax: (203) 264-3719

(Fire Marshal Use Only)

SVFA Notification:

Date:

#FF Req:

Initials:

EVENT REGISTRATION FORM

Name of Organization: _____ Contact Person: _____

Contact Phone: _____ Email: _____

Place of Event: (Specific location and area) _____

Date(s) of event: _____ Time(s): _____

Type of Event: (Crafts, antiques, dance, etc...) _____

Expected Occupant Load: _____ Special Needs Attendees: (Y/N) _____

Special Uses:

Cooking: _____ Location of Cooking: Displays: _____

If displays, combustible or non combustible: _____

Any Hazardous Materials present: (Y/N) _____ Tents/Wall Coverings(Y/N) _____

If yes to Hazmat or tent../wall coverings type expected and quantity: _____

Necessary Electrical Requirements (Display lighting, sound systems, appliance receptacles, etc....)

PERMIT May Be Required: _____

If applicable, name of electrical contractor: _____

Address & Phone _____

License and Classification _____

Please Complete page 2

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APPLICANT: Submit a floor plan showing proposed location of activities, displays, placement, exits, tables and chairs, stages, etc...

The applicant acknowledges that the Fire Marshal in accordance with the Connecticut General Statutes, may in his discretion, order the assignment through the Fire Chief of fire department personnel to provide fire protection services at this event. That protection is provided at a rate of \$35 per hour per firefighter, with a 4 hour minimum for each firefighter.

The applicant further acknowledges that failure to notify the Fire Marshal, or the Southbury FD at (203) 262-0615 of cancellation of the event at least 48 hours prior to the date and time of the scheduled event, the event applicant/organizer will still be required to make payment to the Southbury Fire Department for the firefighters scheduled.

I understand and agree with the above statements, and certify that all information contained within this application is true:

Signature _____ Date _____

Print Name _____

Fire Marshal Use Only

Date Received: _____ Date Reviewed: _____

Accepted: _____ Rejected: _____

Reason for rejection: _____

Alternatives ordered to submitted application: _____

Additional Requirements _____

Fire Protection Required?: _____

Number of Personnel _____

Fire Marshal/Deputy Signature _____ Date _____